

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (12-98)

1. CIR./DIST/ DIV. CODE	2. PERSON REPRESENTED <i>Maynor Melendez-Mendoza</i>	VOUCHER NUMBER		
3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER <i>CR-18-607</i>	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions)	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Matthew Brissenden 516 693 8506</i>	13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney	<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> Y Standby Counsel
Telephone Number:	Prior Attorney's Name: _____	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) IN CLERK'S OFFICE U.S. DISTRICT COURT E.D.N.Y.	Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)	<i>Joseph Bianco</i>
	Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	Nunc Pro Tunc Date
★ DEC 20 2018 ★ LONG ISLAND OFFICE		

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR \$)		TOTALS				
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR \$)		TOTALS				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS	<input type="checkbox"/> Final Payment	<input type="checkbox"/> Interim Payment Number	<input type="checkbox"/> Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.			
I swear or affirm the truth or correctness of the above statements.			
Signature of Attorney _____		Date _____	
APPROVED FOR PAYMENT FOR COURT USE ONLY			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE	
		34a. JUDGE CODE	
		33. TOTAL AMT. APPROVED	